## PATENT APPLICATION FEE DETERMINATION RECORD Effective COUNTY, 2003

Application or Docket Number

10/02/909.

	•	CLAIMS A	SMALL EI	YTITY		OTHER	MAHT					
_		····	(Column 1)		(Colu	lumn 2)		TYPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	*385	OR	BASIC FEE	OTTE
TOTAL CHARGEABLE CLAIMS			· minus 20=		*			X\$ <del>Q</del> =		OR	_X\$ 8 <u>=</u> _	
INDEPENDENT CLAIMS			minus 3 =		<u> </u> *			X43=		OR	×86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+∂90=	
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2	,	TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 025	Minus	** 2	0	= 5.		X\$ <b>Q</b> =		OR	X\$(8=	90.00
AME	Independent	* Y	Minus	*** 5	CLAIM	- [-]		XKZ=		OR	126	
<b></b>	·	AST PRESENTATION OF MULTIPLE DEPENDENT CLA		·			+ 45 =		OR	-090-		
	•	•				- ·		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	90.00
		(Column 1)	_	(Colun	nn 2)	(Column 3)	ĺ					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		x19=		OR	x\$/8=	
AME	Independent	*	Minus	***		=		X13=		OR	×86=	
L	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	t290=	
						•	, <b>L</b>	TOTAL		OR	TOTAL	
		(Column 1)	nn 2)	ADDIT. FEE(Column 3)					ADDIT: FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER DUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		x\$9=	_	OR	X\$(8=	
ME	Independent	*	Minus	***		=	ľ	X13=		OR	×86	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		┞			Un		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+3A0=	
** 1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		ber Previously Paid					r fou	nd in the app	ropriate box	in cot	umn 1.	